

APPLICATION FOR TEXAS LICENSED VET TECH EXAM (LVTE) Licensed Veterinary Technician (LVT)

If you meet the following pre-requisites and criteria, you may download and fill out the Texas State Board Examination application attached to this notice:

- ☐ You are a **graduate** of an AVMA accredited Veterinary Technician Program. The Program **MUST** have held AVMA accreditation at time of your graduation **AND**
- ☐ You have **passed** the **Veterinary Technician National Exam (VTNE)** with a locally derived scaled minimum score of 75% (425 minimum raw score),

Fee Waiver for Veterans, Active Military Personnel, and Military Spouses

The Texas Legislature passed a law that allows state agencies to waive application and examination fees for veterans, active military personnel, and military spouses. If you meet the criteria, you do not need to submit a fee with your application. Please see instructions below for required documentation.

This fee waiver is for applications received after September 1, 2015

Contact Information/Mailing Addresses You Will Need:

**Texas Board of Veterinary Medical Examiners
333 Guadalupe Suite 3-810
Austin, TX 78701-3942
512-305-7555
www.tbvme.state.tx.us
Email: vet.board@veterinary.texas.gov**

**AAVSB/VIVA
380 West 22nd St, Suite 101
Kansas City, MO 64108
(877) 698-8482
www.aavsb.org
Email: aavsb@aavsb.org**



TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS LVT EXAMINATION/LICENSE APPLICATION

GENERAL INFORMATION

All State Board Exams will be administered at participating COMIRA testing centers. You must submit an application, all required documentation, and fee to TBVME to determine eligibility for a Veterinary Technician License (LVT) in Texas. You may apply at any time, but the processing of your application can take up to 45 days depending on how quickly we receive all of the required documentation. Once we have determined that your application is complete, we will email you instructions on how to schedule and take your exam.

Fee: \$50 (Generally non-refundable depending on circumstances. Contact the office if you have questions.)
If you meet the military fee waiver criteria, please do not send in the fee with your application.

Submit Applications To:

Texas Board of Veterinary Medical Examiners
333 Guadalupe Street, Suite 3-810
Austin, Texas 78701

Examination Description:

You will be tested over the contents of all three of the following publications: (1) Veterinary Licensing Act (laws), (2) Texas Board of Veterinary Medical Examiners Rules of Professional Conduct, Chapter 573, and (3) Licensing Rules, Chapter 571. We will email you the instructions on how to schedule your exam once your application has been approved. **We will no longer be mailing the study materials to you. These publications are available on our website at: <http://www.veterinary.texas.gov/ExamStudyMaterial.php>**

Minimum Passing Score: 85%

Upon Attaining A Score Of 85% Or Better:

If you meet all requirements to be licensed, your grade(s) on the examination(s), the license number assigned to you, and the authorization letter for you to practice will be mailed to you within 7 business days of receiving your passing exam score from the testing center.

Scores Below 85%:

If you fail to pass any examination(s), please send us a written request to retake the exam and the application fee. Please contact the Board office if you have questions.

THE VETERINARY INFORMATION VERIFYING AGENCY – VIVA:

The Texas Board of Veterinary Medical Examiners is a member of the American Association of Veterinary State Boards (AAVSB). AAVSB has created a division called the Veterinary Information Verification Agency (VIVA). VIVA provides a valuable service to veterinary technicians who want to be - or in the future may be - licensed in more than one state or Canadian province. **You must utilize VIVA for transfer of scores for the Veterinary Technician National Exam (VTNE).**

**YOU ARE RESPONSIBLE FOR THE TIMELY SUBMISSION OF ALL REQUIRED MATERIAL
AND DOCUMENTATION.**

LVT Examination Application Checklist

ALL Applicants Are Required To Furnish:

- ☐ Completed Application. Do not leave blank spaces.
- ☐ Money Order or Cashier's Check for the \$50 application fee. **NOTE: Personal Checks and/or cash will NOT be accepted)** If you meet the military fee waiver criteria, please do not send in the fee with your application.
- ☐ Certified Copy of Your Birth Certificate. Certified copies are usually obtained from the Health Department, Bureau of Vital Statistics, in the State where you were born. Most states charge a fee for this service, so contact them as soon as possible to avoid a delay in receiving your birth certificate. Hospital birth certificates and notarized copies are not acceptable. **If you are foreign born, you must submit a certified copy of your birth certificate from the country of birth.**
- ☐ Education/Evidence of Graduation
Certified Transcript of all Veterinary Technician courses you attended, giving date and degree awarded.
- ☐ One Passport Type Picture
 - Must be 2" x 2";
 - Close-up photos only (Your face must fill most of picture);
 - Frontal face shots only;
 - May be black and white **OR** color;
 - No hats or sunglasses;
 - Must be signed and dated on back;
 - Not dog-eared, folded or bent.

You Must Utilize the Veterinary Information Verifying Agency (VIVA) for the following item:

- ☐ National Exam Scores
 - Veterinary Technician National Exam (VTNE). See contact information for AAVSB/VIVA on the front page of the application packet.
Applicants who took the VTNE with Texas as your jurisdiction after 2009, or had their score reported to Texas, will not need to transfer their score. The Board will be able to access those scores.

Military Personnel Must Furnish:

- ☐ DD 214 (if discharged from the Armed Forces) for each period of service. Need copy of entire form showing "Type of Separation" (discharged) and "Character of Service" (honorable, dishonorable, etc.). Current members must furnish your current military orders and a copy of your military ID.
OR
Current military orders and military ID if applying as an active military member
OR
Spouse's current military orders and military ID if applying as a military spouse.

Be sure to fill out the military questions section on the top of page 4 of the application

Additional Items That May Be Applicable:

- ☐ Certificate of Valid License Issued (Need verification from any and all states you have ever been licensed whether the license is current or not.)

This form is included in this packet. You may use the form provided, or letters from the applicable authority will also be accepted. The applicant is responsible for contacting and submitting the forms to the appropriate entities. Most states require a fee for license verification and will not process your request until payment is received. You may discard the form if it does not apply to you.



TEXAS STATE BOARD OF VETERINARY MEDICAL EXAMINERS LVT APPLICATION FOR EXAMINATION/ LICENSE

PURPOSE This application is required for eligible persons to apply for and take the Texas LVT Examination for licensing.

DEADLINE FOR APPLICATION The completed application must be received in the Board office no less than FORTY-FIVE (45) DAYS before the date you wish to take the exam. If the application is incomplete, it will not be approved.

APPLICATION REQUIREMENTS All required information must be either typed or printed in black or blue ink and in the English language. You must answer all items/questions completely and accurately. If some responses require more space than the form provides, attach additional sheets. Incomplete answers or failure to provide required data or documents by the deadline may be grounds for rejection of the application. Further, if, after licensing, responses are found to be false, inaccurate or incomplete, disciplinary action, including suspension or license revocation, may be initiated. The completed application must be signed. *Please mail all material to: Texas Board of Veterinary Medical Examiners, 333 Guadalupe Street, Ste. 3-810 Austin, Texas 78701.*

APPLICATION FEE The fee is \$50 payable at the time of application submission in the form of a money order or cashier's check made out to the TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS or TBVME. The fee is generally non-refundable except for certain circumstances. **Military veterans, current military service members, and military spouses do not need to submit a fee (see general information).**

I. GENERAL INFORMATION

1. (a) Full Name (Last) _____ (First) _____ (Middle) _____
(b) Social Security Number _____
(c) Maiden Name (If applicable) _____
(d) Give your name the way you wish it to appear on the license when issued (nicknames are not permissible) _____
(e) If married, husband's name or MAIDEN name of wife. _____
(f) Have you ever used any other name or has your name ever been changed? _____ If "yes", attach a separate sheet giving full details and attach a copy of the legal document changing your name (e.g. marriage license, divorce decree, court order, etc.)
(g) Have you ever applied to this agency before? _____ If "yes", please give the approximate date and name under which you applied. _____

2. Present Address: Street/apt# _____ City _____ State _____
Zip _____ Country if not U.S. _____
3. Phone Number: (a) Residence: _____ (b) Work: _____
(c) Cell: _____ (d) E-mail address: _____
4. Driver's License Number and State in which issued: _____
5. Give **date** and **place** of birth. _____ Attach a certified copy of your birth certificate. Please refer to the instructions and "Frequently Asked Questions" for more detailed information.

6. Give accurately your present: Height _____ Weight _____ Color of Hair _____ Color of Eyes _____ Complexion _____ Distinguishing marks and/or scars, give location and description _____.
7. List chronologically each place of residence, post office addresses and date when you commenced and terminated each such residence for the last ten (10) years. Attach additional sheets, if needed.

Address	City/State	Mo.& Yr. Commenced	Mo.& Yr. Terminated

II. EXAMINATION INFORMATION

1. Please provide us with information regarding the VTNE. Fill out the grid below with the PASSING information only. If you took the VTNE more than once, please give only the data on the exam(s) which you passed.

NATIONAL BOARD EXAMINATION	
Date of Examination:	
State Administered:	
Exam ID Number:	

2. **Verification of VTNE scores. You must contact the American Association of Veterinary State Boards (AAVSB), Veterinary Information Verifying Agency (VIVA) and request that your VTNE score be transferred to this Board. Contact information for VIVA is provided the first page of this application. Applicants who took the VTNE in Texas after 2009, or had their score reported to Texas, will not need to transfer their score. The Board will be able to access those scores.**

III. EDUCATIONAL HISTORY

1. Give the date and school where you began your veterinary technician education:
Date: _____ School _____ and
2. Give the date and school from which you graduated:
Date _____ School _____
3. Have your school send us a **certified** transcript of all veterinary technician courses you attended.

4. List all the high schools and colleges, period of attendance, dates of graduation, and degrees received, if any. Do not list veterinary technician schools. Attach additional sheet(s) if necessary.

Name of School	School Address	Mo.& Yr. Began	Mo.& Yr. Ended & Degree Earned

IV. PERSONAL BACKGROUND

A “YES” ANSWER TO ANY QUESTION LISTED BELOW REQUIRES ADDITIONAL INFORMATION, INCLUDING A DATED AND SIGNED LETTER IN YOUR OWN WORDS EXPLAINING THE CIRCUMSTANCES OF YOUR “YES” ANSWER, AND ALL RELATED LEGAL AND COURT DOCUMENTS.

_____ Yes _____ No Have you ever been **arrested, cited, or charged** with a crime, Including:

- A. Arrests or charges that are pending or were dismissed.
 - B. Arrests or charges that resulted in you receiving pre-trial diversion, deferred adjudication, probation, a court martial, or community service.
 - C. Arrests or charges that occurred when you were a juvenile, occurred a long time ago, or occurred in another state.
- (You may exclude **ONLY** Class C misdemeanor traffic violations.)

_____ Yes _____ No Are you currently the subject of or target of a grand jury or governmental investigation?

_____ Yes _____ No In the past 5 years, have you been addicted to and/or diagnosed with or treated for alcohol or chemical dependency or addiction?

_____ Yes _____ No Have you ever been a party to, witness in, any civil legal proceeding relating to the practice of veterinary medicine? (Including any civil legal matter whether you personally appeared in court or your attorney or other representative appeared on your behalf.)

_____ Yes _____ No Have you ever had a license to practice veterinary medicine revoked, suspended, canceled, or surrendered **OR** been subject to any other disciplinary action, including, but not limited to, Informal Settlements, Reprimands, administrative penalties or other Orders?

Date of Arrest (MM/DD/YYYY)	Offense	Arresting Agency and Location (County and State)	Full Disposition

NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is **YOUR RESPONSIBILITY** to ensure that the offense, arrest, ticket, or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed **may subject your license to a disciplinary order and fine.** Non-disclosure of offenses raises questions related to truthfulness and character. **This Board will conduct its own background investigation. If our investigation reveals an offense not disclosed by you, your application will be delayed and may subject your license to disciplinary order and fine, or possible denial of your license.**

Have you ever served in the Army, Air Force, Navy, Marine Corps, Coast Guard, or any other branch of the Armed Forces of the United States? _____ If the answer is "yes" please attach form DD 214 for each period of service.

If you are on active duty at this time, please indicate _____ and attach a copy of your current military orders and your ID.

If you are a military spouse, please indicate _____ and attach a copy of your spouse's current military orders and your ID.

1. **Special Accommodations:** If you require ADA accommodations, please complete an ADA Accommodations Request Application. These are available at www.veterinary.texas.gov or by calling our offices at 512-305-7555. Please note, there is a separate deadline for ADA accommodation requests that is earlier than the deadline stated on the application.

2. **Include one recent picture.** Please see checklist for specifications. Tape photo in the box on page 5.

3. Give name, address, phone number of father and mother. If deceased, please indicate:

Father	Mother

V. EMPLOYMENT HISTORY

List the occupations and employment in which you have been engaged for the past 10 years, listing names of employers, their full addresses, and dates. (Attach additional sheet(s) if needed)

Name of Employer	Complete Address	Dates of employment

VI. LICENSES AND CERTIFICATIONS

1. Are you now or have you ever been licensed as a Licensed Veterinary Technician in another state, country or jurisdiction? _____ If "yes", please complete the following: (attach additional sheet(s), if needed)

State*	License Number	Issue Date	Expiration Date	Active?	Years Practicing

*If this applies to you, please have the attached verification form completed. You do not have to use the form. A letter of verification of license and good standing from the appropriate authority is also acceptable. The form may be reproduced if you need more than one. **The applicant is responsible for contacting and submitting the form to the appropriate entities. Most states require a fee for license verification and will not process your request until payment is received.**

2. (a) To your knowledge, have you ever failed a licensing examination? ____ If "yes", please give the state, country or jurisdiction, date, and the type of examination. _____
- (b) Have you been refused or denied licensing or examination for licensing in any state, country or jurisdiction? ____ If the answer is "yes", please name state(s) and give approximate date(s) and reason(s) for refusal or denial. _____

VII. SUBMITTING APPLICATION & PAYING FEE

1. Attach a **money order** or **cashier's check** in the amount of \$50. **Cash or personal checks are NOT accepted.** The ENTIRE fee must accompany this application. *ALL MONEY ORDERS AND/OR CASHIER'S CHECKS MUST BE PAYABLE TO: THE TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS OR TBVME.*
2. The application, fee, and related documents must be mailed to: TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS, 333 Guadalupe Street, Ste. 3-810, Austin, Texas 78701.

VIII. AFFIRMATION

In addition to the foregoing:

- (a) I understand and agree that this application and all supporting information, documents, and instruments submitted herewith become the property of the State of Texas, and will not be returned in whole or in part.
- (b) I hereby give my permission to the Texas State Board of Veterinary Medical Examiners to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire, and I hereby authorize any person, firm, company or organization to furnish any information requested by the Board.
- (c) I further agree to submit to questioning by the Board or its staff to substantiate my statements.
- (d) I further state that the photograph(s) submitted as part of this application is a true likeness of me and I am the person in said photograph(s).

I, _____, the applicant herein state that all facts, statements, and answers contained in this application are true and correct. I am not omitting any information which might be of value to this Board in determining my qualifications. I agree that any falsification, omission, or withholding of pertinent information or facts concerning my qualifications as an applicant shall be sufficient to bar me from this or any future examination given by the Texas State Board of Veterinary Medical Examiners and any such falsifications, omission, or withholding shall serve as sufficient grounds for disciplinary actions by the Texas State Board of Veterinary Medical Examiners.

APPLICANT SIGNATURE

DATE

TAPE PHOTO HERE



TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS
CERTIFICATE OF VALID LICENSE ISSUED

TO THE APPLICANT:

Please complete the top section of this form and mail it to the Board of each state in which you are now or have ever been licensed to practice as a Licensed Veterinary Technician. Some states may charge for this service.

TO WHOM IT MAY CONCERN:

I am applying for a veterinary technician (LVT) license in the State of Texas. Completion of this form is a requirement in order that I may be eligible to sit for the examination. This is your authority to release any information in your files concerning me, favorable or otherwise, to the Texas State Board of Veterinary Medical Examiners.

TYPE OR PRINT YOUR FULL NAME

SIGNATURE

DATE

LICENSE NUMBER AND ISSUE DATE

ADDRESS

CITY/STATE/ZIP CODE

THE SECTION BELOW IS TO BE COMPLETED BY AN OFFICIAL OF THE BOARD

Please complete this section and return to:
Texas Board of Veterinary Medical Examiners
333 Guadalupe Street, Tower 3, Suite 810
Austin, Texas 78701-3942
(512) 305-7555

Re: _____

This is to certify that the records of the State Board of Veterinary Medical Examiners in the State of _____ indicate that the above named individual was issued license number _____ on the _____ day of _____ on the basis of:

____ Reciprocity/Endorsement from (Name of State) _____
____ State Board Examination _____ Grade
____ Oral Examination
____ National Board Examination (VTNE)

Please answer the following questions:

- | | | |
|----|---|--------------------|
| 1. | Is this license current? | _____ YES _____ NO |
| 2. | Is this license in good standing at this time? | _____ YES _____ NO |
| 3. | Has this individual ever been warned or reprimanded? | _____ YES _____ NO |
| 4. | Has this individual's license ever been revoked? | _____ YES _____ NO |
| 5. | Has this individual's license ever been suspended? | _____ YES _____ NO |
| 6. | Has this individual's license ever been placed on probation? | _____ YES _____ NO |
| 7. | Has this individual's license ever been restricted in any way? | _____ YES _____ NO |
| 8. | Has this individual ever had any charges filed against him/her? | _____ YES _____ NO |
| 9. | Do your files indicate any derogatory information whatsoever? | _____ YES _____ NO |

DATE

(Official Seal)

SIGNATURE

NAME OF BOARD

TITLE AND TYPED NAME OF OFFICIAL

NOTE TO THE BOARD OFFICIAL COMPLETING THIS FORM: If the answer to 1 & 2 is no, or 3 through 9 is yes, please explain and attach certified copies of any certified copies of any pertinent material, such as Notice of Hearing, Final Decision, Consent Order/Agreement, etc.

FREQUENTLY ASKED QUESTIONS

How will my name appear on my license?

Your legal name, as it appears on your birth certificate, will be used, unless you have a legal document showing a change in your name. This includes marriage license, divorce decree, or court order. Nicknames are not allowed. While first and middle names cannot be dropped, you may use initials.

If I have the scores from my national exam, can I just send them to you?

No. These **must** be submitted through VIVA.

I want to claim the military fee waiver. What documentation do you need?

If you have been discharged from the Armed Forces, copies of all separation papers (DD 214) are required. A copy of entire Form DD 214 showing "Type of Separation" (discharged) and "Character of Service" (honorable, dishonorable, etc.) is required.

If you are on active duty at this time, please indicate. We will need a copy of your military orders and a copy of your military ID.

Military spouses claiming the application fee exemption must submit a copy of your military ID and a copy of your spouse's military orders.

I need an auxiliary aid or services to take the examination. What do I need to do?

Persons with disabilities who plan to attend this examination and who may need auxiliary aids or services (interpreters for hearing impaired, readers, braille, etc.) are requested to contact the Board office (512) 305-7555 or Relay Texas (1-800-877-8973 TDD) prior to submitting your application. If you find that you are unable to participate in the examination once you have actually applied, please contact us so that we may avoid paying for services not needed.

How much does it cost to take the examination?

The fee for taking the LVT Examination is \$50.00. The examination fee must accompany the completed application, and must be in the form of **money order** or **cashier's check**. **Personal checks or cash are NOT accepted.** Make all money orders or cashier's checks payable to the Texas Board of Veterinary Medical Examiners or TBVME. The Comira Testing Center currently charges \$67.00, which is paid to Comira directly when you schedule your exam.